came daily once or twice. On the eighth day all sutures were removed. The wound was found closed *per primam* on the 16th day. Having gained in weight 575 grammes, the patient was discharged in excellent state on the 17th day after the major operation with which she had commenced her extrauterine life.—*Dnevnik Kazanskahs Obshtchestva Vratchëi* (—"Diary of the Kazan Medical Society," May 24, 1888.

VALERIUS IDELSON (Berne).

VI. On Washing out the Peritoneum after Laparotomy. By DR. TERRILLON (Paris). The author begins his paper by referring to the observations, made on man and animals, which prove that blood and other fluids when aseptic may be absorbed by the peritoneum. At the same time, however, he shows that in abdominal operations it is never wise to trust to this power of absorption, and alludes to the recognized practice of carefully cleansing the peritoneal cavity at the end of every abdominal operation. In ordinary cases this can be efficiently done either by soft and carefully cleansed sponges, or by dry cloths, the disadvantage of which, however, is that they are apt to leave flakes behind them. In ruptured cysts, however, or when there are "cysts with adhesions, salpingitis, hysterectomies, etc." the thorough cleansing can only be carried out by washing out the peritoneal cavity, with boiled or filtered, or, if possible, distilled water. Usually the temperature of the water is 30°C., but sometimes it is higher, to check hæmorrhage, not otherwise easily stopped, or to antagonize a condition of shock (Wylie). In no case does the author recommend the use of antiseptic fluids for washing out, because if strong enough as antiseptics they are too irritating, and if weak enough to be non-irritating they are of little value as antiseptics. Removal of all foreign material by a plentiful use of aseptic water is all that he considers necessary. The water is to be introduced through a tube from a syphon or douche (Higginson's syringe?) and the current is to be directed to all parts of the abdominal cavity so as to carry out clots and contents of cysts, etc. The stream is to be continued until it returns clear. Occasionally, previously unrecognized points of hæmorrhage may be revealed by the presence of a tinge of blood. As much as possible of the superfluous fluid is to be carefully sponged away at the end of the proceeding.

The author believes that his results after severe abdominal operations have been much improved since he adopted this plan in 1886. He refers to its use by Keith, Lawson Tait and others.—*Le Bulletin Médical*, Oct. 12, 1887.

CHARLES W. CATHCART (Edinburgh).

BONES, JOINTS, ORTHOPÆDIC.

I, Spontaneous Fracture in a Sarcomatous Tibia Followed by Bony Union. By M. VALAT (Paris). In this case the sarcoma appears to have been a slowly growing one of central origin, and the first fracture occurred some months before any tumor was noticed, the patient got about with crutches until a year later when a second fracture occurred. This slow evolution raised the suspicion of hydatid disease, but an exploratory puncture set the question at rest. After death it was found that both fractures had united by good osseous union, a very rare occurrence in the case of sarcomata of bone, and one which tends to prove that the usual failure to unite simply depends on the rapid progress of the tumor.—*Bulletin de la Soc. Anatomique*, Feb, 17, 1888.

J. HUTCHINSON, JR. (London).

II Acute Suppuration after Correction of Ankylosis by Manual Force. By DR. E. MILLER (Tuebingen). The author describes a case of ankylosis of the hip joint after acute osteo-myelitis, in which mobilization was attempted by manual force, but where suppuration of the joint followed the attempt. Oberst has published four similar cases from Volkmann's clinic, where acute suppuration was set up in ankylosed joints resulting from acute infectious diseases. It is probable that in all these cases germs, which had not lost their vitality, remained imbedded in the tissues and were again set free by the method adopted. It is, moreover, remarkable that such operative measures in ankylosis after tubercular disease or perforating shot-wounds are not followed by suppuration.—*Beitrage zur Klinische Chir. Mittheilungen aus der chirurg. klinik zu Tuebingen.* Bd. i, heft. 2

FRED KAMMERER (New York).